l'm not a bot



Navigating the dynamic realm of seizure disorders within the frameworks of ICD-10. Continue reading as we explore their coded complexities and gain new insights. The ICD-10 classification system is a cornerstone in seizure disorders, offering a standardized framework for categorizing, coding, and understanding these complex neurological conditions. ICD-10 contributes significantly to the global efforts to advance our knowledge and management of seizure disorders by facilitating accurate reporting, research, and medical care. Seizure disorders by facilitating these disorders according to seizure type, underlying causes, and severity according to the ICD-10 classification makes it possible to fully understand the consequences of seizure diseases, such as heredity, head trauma, infections, and other developmental abnormalities. The ICD-10 codes offer clarity and consistency across healthcare systems. So, whether a patient is seeking treatment, a researcher is analyzing the prevalence of a particular disorder or an insurance claim is being processed, the ICD-10 code for seizure disorder in detail, and communication within the complex realm of medical conditions. This article will detail ICD-10 seizure disorder in detail, along with a comprehensive guide to the ICD classification system and essential ways to prevent the onset of seizures. Exploring ICD-10 code is a way of categorizing medical conditions for more suitable organization and communication among healthcare professionals. The ICD-10 code for "seizure disorder" helps doctors, insurance companies, and researchers understand and classify the treatment plans they must create to address these disorders. Seizure disorders. Seizure disorders the brain's electrical activity, causing sudden and often uncontrollable bursts of irregular brain activity. These bursts can result in various types of seizures, affecting a person's body movements, sensations, and even consciousness. The ICD-10 code for seizure disorder is G40.9. "G" stands for "Diseases of the nervous system," which is the category that includes disorders related to the brain and nerves. "40" indicates the subcategory for epilepsy and recurrent seizures. ".9" is a placeholder that means "unspecified." In medical coding, "unspecified" doesn't mean doctors are unsure about the diagnosis; the exact details of the specific type of seizure disorder haven't been provided. Doctors and healthcare professionals can quickly identify and document a patient who has a seizure disorder using this code. This information is crucial for medical records, insurance claims, and other research objectives. Ultimately the ICD-10 code G40.9 labels and categorizes seizure disorders, making it easier for medical professionals to communicate and manage these conditions effectively. the brain, leading to widespread effects on a person's consciousness. These seizures are indicated by a sudden surge of electrical impulses that disrupt normal brain functions, causing various symptoms, including loss of consciousness and bodily functions. Brain injuries Infections Brain tumors Certain medical conditions In many cases, the exact cause might not be apparent. Seizures can also be triggered by certain stimuli, such as flashing lights, sleep deprivation, or alcohol withdrawal. The symptoms of a generalized seizure can differ based on the specific type, but they generally involve a loss of consciousness and control over bodily movements. Some common types of generalized seizures These often occur in children and are characterized by a brief lapse in awareness, where the person might stare blankly and exhibit subtle movements like blinking or lip-smacking. They usually last just a few seconds and are often mistaken for daydreaming. Tonic-Clonic seizures. These are possibly the most identified types. They involve two phases: The Tonic phase is marked by stiffening muscles and loss of consciousness, whereas the Clonic phase causes rhythmic jerking and rapid movements. After that, the person may feel confused, tired, or even experience temporary amnesia. Myoclonic seizures involve sudden and brief muscle twitches or jerks, often affecting the arms or legs. They can occur individually or in clusters and might cause the person to drop objects or fall. Atonic seizures These seizures are also known as "drop attacks," They can cause a sudden loss of muscle tone, resulting in the person collapsing or falling to the ground. Clonic seizures These seizures are also known as "drop attacks," They can cause a sudden loss of muscle tone, resulting in the person collapsing or falling to the ground. someone experiences a generalized seizure, providing a safe environment to prevent injury is crucial. Clear the area of any objects that could be harmful, and place the person on their saliva. After the seizure subsides, offering comfort and reassurance is essential, as the person might feel confused or disoriented. In summary, a generalized seizure results from abnormal electrical activity in the entire brain, leading to a range of symptoms and loss of consciousness. Its causes can vary, and proper diagnosis and management, often involving medication, are crucial for individuals experiencing these seizures. lives. History of seizure disorder ICD-10 The ICD-10, or International Classification of Diseases, 10th revision, holds a significant position in medical classification. One finds a chapter dedicated to neurological disorders within its vast expanse of codes and categories. In the early iterations of the ICD, seizure disorders were often grouped under the term "epilepsy." It was only in the mid-20th century that efforts to distinguish various types of seizures and their underlying causes began to take shape. The ICD-8 introduced broader categories like "grand mal" and "petit mal" seizures, reflecting the limited understanding of seizure diversity at the time. However, the actual modification occurred with the start of the ICD-10. This revision, implemented by the World Health Organization in 1994, marked a significant shift in medical classification. The ICD-10 removed outdated terms like "grand mal" and introduced a comprehensive framework for categorizing seizures based on their etiology, characteristics, and location within the brain. Under the code range G40-G41, the ICD-10 outlines the classification of epilepsy and seizures (G40) from focal seizures (G40) from focal seizures (G40), each with subcategories and codes that provide doctors with a universal language to describe the nature of the seizure and its underlying causes. The ICD-10's approach to seizure disorders is not just a collection of codes; it's a narrative of medical advancement. It acknowledges the intricate nature of neurological disorders and reflects a deeper understanding of the diversity within the realm of seizures. Ultimately the history of the seizure disorder classification within the ICD-10 is a story of progression from simple terminology to refined categorization. It reflects the advancement of medical knowledge, offering a formal framework that incorporates neurological conditions' complexities, benefiting medical professionals and those seeking a better understanding of their health. ICD-10 code is a unique code doctors use to discuss different health problems. It helps them understand and communicate various illnesses and their treatment plans. The ICD-10 code for epilepsy and recurrent seizures is "G40." The Code G40 is applied when an individual has epilepsy. This condition is when a person's brain has trouble controlling electrical activity This can cause seizures, like sudden, unexpected bursts of electrical energy in the brain. These seizures can lead to shaking, confusion, or even passing out. The ICD-10 code "G40" is like a label that helps doctors understand what's happening. When you see "G40" in medical records, it signals to healthcare providers that the person has a history of epilepsy and is dealing with recurring seizures. This code helps doctors plan proper treatment and care for the patient. Decoding seizure disorder, called epilepsy, is a medical condition that impacts the brain function, leading to various symptoms that vary widely with each person. Doctors and researchers use ICD-9 (International Classification of Diseases, 9th Edition) to systematize and label medical conditions for better interpretation and communication. In the context of ICD-9, a seizure disorder would have a specific code assigned to it. This helps medical professionals quickly identify and discuss the condition. For example, if someone has a seizure disorder due to a specific type of brain injury, the ICD-9 code assigned to this situation would provide details about the disorder. This code will be "345.0." The first part of the code, "345," suggests that it's affiliated with a condition involving seizures. The other following digits, like the ".0," provide more detailed information about the type of seizure disorder and its underlying cause. To understand this better, Imagine your brain as a computer constantly communicating using electricity makes the computer glitch. This electrical confusion can cause numerous symptoms that include: Convulsion Altered consciousness Unusual sensations Short periods of staring into space. In simpler terms, ICD-9 codes are like labels to categorize items in a pantry (like putting all the cereals and snacks together), ICD-9 codes help doctors organize and classify various medical conditions. This makes it easier for them to communicate, share information, and understand each other's diagnoses. ICD-10 code for acute repetitive seizures Seizures are when the brain's electrical signals suddenly get mixed up and cause the body to react. This includes shaking violently, strange movements, or staring blankly at something. When this happens often and keeps coming back, it's called "acute repetitive seizures can show up suddenly and occur more than once. During a seizure, a person might shake, have convulsive movements, or even fall. In many cases, the person having a seizure might not fully know what's happening around them. It can be frightening for both the person having the seizure and those around them. But the silver lining to this situation is that treatments are available. Doctors might give particular medicine to help control the seizures and make them happen less often. These medicines work like a shield for the brain, calming down the electrical signals that cause seizures. Sometimes, doctors might also recommend specific lifestyle changes, like getting enough sleep, eating well, and avoiding things that trigger seizures, such as flashing lights or sudden noises. In addition to medicines, there are other ways to help someone with acute repetitive seizures, such as flashing lights or sudden noises. In addition to medicines, there are other ways from dangerous things or helping them lie in a safe place. Some doctors also suggest keeping a diary to track when the seizures happen and what might be causing them. This information can help them choose the best treatment plan for patients with repetitive seizures. To sum it all up, acute repetitive seizures are when someone has frequent, repeated seizures. The ICD-10 coding system helps doctors discuss health issues using specific codes and collectively share their research and appropriate treatments like medicines and lifestyle changes can help manage them. Relatives and friends can also play a significant role in supporting someone with these seizures. It's all about working together to ensure the person gets the best care they need. Convulsions across centuries: A historical overview of seizure disorders is an amazing journey through time, mirroring humanity's evolving understanding of this perplexing condition. Given below is a brief breakdown of the history of seizures in different eras that, include: Ancient era Middle ages Victorian era Modern era Modern era Middle ages Victorian era Modern era Modern era Middle ages Victorian era Middle ages Victorian era Modern era Middle ages Victorian era Middle ages Hippocratic era (5th Century BCE) The ancient Greek physician Hippocrates is considered one of the earliest medical practitioners to have written about seizures with supernatural forces. Middle ages Despite some advancements in medical science, people with epilepsy were often stigmatized, with the condition linked to demonic possession or witchcraft. Victorian era Advancements in neuroanatomy and medical understanding led to more accurate explanations for seizures. French physician Jean-Martin Charcot played a significant role in classifying and describing different types of seizures. 20th Century The discovery of electroencephalography (EEG) by Hans Berger in the 1920s revolutionized the diagnosis and knowledge of seizure disorders. EEG allowed doctors to observe and record brain activity during seizures, confirming that they were linked to abnormal electrical discharges in the brain. Modern era Today, our understanding of seizure disorders has expanded significantly, assisted by technological advancements in brain imaging and genetics. Personalized treatment plans, including medications, dietary therapies (like the ketogenic diet), and surgical interventions, are available to manage the condition. In summary, the history of seizure disorders has seen a transformation from supernatural explanations to scientific understanding and medical advancements. This journey has increased awareness, better treatment options, and improved quality of life for those with epilepsy. Seizure first aid 101: How to respond to a seizure if you witness someone having a seizure, it can be startling, but there are steps you can take to help keep them safe and comfortable. Here's how you should respond to a seizure: Stay calm Keep safe distance Time of seizure Protect the head Turn them on their side Reassurance Check for medical alerts Stay with them Call 911 Offer support Stay calm It's essential to stay as calm as possible. Most seizures are short, and while they may look intense, they usually end on their own. Keep safe distance Make sure there's nothing around the person that could cause injury. Time the seizure While it might feel longer, most seizures last a minute or two. If it goes on for more than five minutes or if e person doesn't start recovering after it ends, consider calling for medical help. Protect the head Gently place something soft (like a folded jacket) under their side Once the jerking movements of the seizure stop, help them roll onto their side. position can help clear their airway and prevent choking on saliva or vomit. Reassurance As the person comes out of the seizure, they might feel confused or disoriented. Speak to them calmly and reassure them that they're safe. Check for a medical alert If you see a person wearing a medical alert bracelet or necklace; that indicates they have epilepsy or a seizure disorder, this can be useful information to tell the medics that arrive to help the patient. Stay with them Keep an eye on them until they're fully awake. Call 911 If it's their first seizure, and it lasts longer than usual, or if they have trouble breathing after the seizure, call 911 If it's their first seizure, and it lasts longer than usual, or if they have trouble breathing after the seizure, call 911 If it's their first seizure, and it lasts longer than usual, or if they have trouble breathing after the seizure, call 911 If it's their first seizure, and it lasts longer than usual, or if they have trouble breathing after the seizure, call 911 If it's their first seizure, and it lasts longer than usual to the useful information to tell the medics that arrive to help the patient. the seizure, the person might be tired or even embarrassed. Offer to stay with them or help them get home if needed. Remember, every person and seizure is different, so what matters most is keeping the person safe and providing reassurance. Feel free to seek medical help if you're unsure or concerned about the patient's condition. Offer them support and assist them if they need it. Conclusion (ICD-10) serves as a vital tool in the medical field for accurately classifying and understanding seizure disorders. Its vast coding system allows healthcare workers to analyze, treat, and monitor patients with seizures effectively. As our insights and awareness regarding seizure disorders advance, the medical field for accurately classifying and understanding seizure disorders advance, the medical field for accurately classifying and understanding seizure disorders. ICD-10 coding system retains its significance as a fundamental pillar in the continuous efforts to enhance the level of care and results for individuals afflicted by these conditions. Do you have any more questions? Comment below and let us know! Click here Type 2 Excludes Type 2 Excludes Type 2 excludes note represents "not included here". A type 2 excludes note indicates that the condition excluded is not part of the conditions at the same time. When a type 2 excludes note appears under a code it is acceptable to use both the code (G00-G99) and the excluded code together. certain conditions originating in the perinatal period (ICD-10-CM Diagnosis Code P042016 2017 - Revised Code 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code Firstany current condition in newborn, if applicableIncludesnonteratogenic effects of substances transmitted via placentaType 2 Excludescongenital malformations (Q00-Q99) encounter for observation of newborn for suspected diseases and conditions ruled out (Z05.-)neonatal jaundice from excessive hemolysis due to drugs or toxins transmitted from mother (P58.4) newborn in contact with and (suspected) exposures hazardous to health not transmitted from mother (P58.4) newborn in contact with and (suspected) exposures hazardous to health not transmitted from mother (P58.4) newborn in contact with and (suspected) exposures hazardous to health not transmitted from mother (P58.4) newborn in 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ICD-10-CM Range G10-G14 Systemic atrophies primarily affecting the central nervous systemG10 Huntington's diseaseG11 Hereditary ataxiaG12 Spinal muscular atrophy and related synd...G13 Systemic atrophy and related synd...G13 Systemic atrophy and related synd...G14 Postpolio syndrome ICD-10-CM Range G20-G26 Extrapyramidal and movement disordersG20 Parkinson's diseaseG21 Secondary parkinsonismG23 Other degenerative diseases of basal gan...G24 DystoniaG25 Other extrapyramidal and movement disorders in... ICD-10-CM Range G30-G32 Other degenerative diseases of the nervous systemG30 Alzheimer's diseaseG31 Other degenerative disorders in... ICD-10-CM Range G35-G32 Other degenerative diseases of the nervous systemG30 Alzheimer's diseaseG31 Other degenerative diseases of the nervous systemG30 Alzheimer's diseaseG31 Other degenerative disorders in... 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ICD-10-CM Range G70-G73 Diseases of myoneural junction and musc.... I CM Range G80-G83 Cerebral palsy and other paralytic syndromesG80 Cerebral palsyG81 Hemiplegia and hemiparesisG82 Paraplegia (paraparesis) and quadriplegi...G83 Other paralytic syndromesG80 Cerebral palsyG81 Hemiplegia and hemiparesisG82 Paraplegia (paraparesis) and quadriplegi...G83 Other paralytic syndromesG80 Cerebral palsyG81 Hemiplegia and hemiparesisG82 Paraplegia (paraparesis) and quadriplegi...G83 Other paralytic syndromesG80 Cerebral palsyG81 Hemiplegia (paraparesis) and quadriplegia). HydrocephalusG92 Toxic encephalopathyG93 Other disorders of brain in diseases cla...G95 Other disorders of brain in diseases cla...G95 Other disorders of central nervous system not el...G99 Other disorders of nervous system in dis. Get crucial instructions for accurate ICD-10-CM Z86.69 coding with all applicable Excludes 1 and Excludes 2 notes from the section level conveniently shown with each code. This section shows you chapter-specific coding guidelines to increase your understanding and correct usage of the target ICD-10-CM Volume 1 code. The ICD-10 code Z82.0 refers to a family history of epilepsy and other diseases of the nervous system. This code is used in clinical settings to indicate that a patient has a familial predisposition to certain neurological conditions, which can be significant for diagnosis, treatment planning, and risk assessment. Understanding the clinical predisposition to certain neurological conditions, symptoms, and patient characteristics associated with this code is essential for healthcare providers. Clinical Presentation Family History Significance A family history and other neurological disorders can indicate a genetic predisposition to these conditions. This history may influence the clinical approach to a patient presenting with neurological symptoms, as it may suggest a higher risk for similar disorders within the family. Common Neurological Disorders The family history may include various conditions such as: - Epilepsy: Characterized by recurrent seizures, which can vary in type and severity. - Migraine: Often hereditary, presenting with severe headaches, nausea, and sensitivity to light. - Multiple Sclerosis (MS): An autoimmune disorder affecting the central nervous system, leading to a range of neurological symptoms. - Parkinson's Disease: A progressive disorder that affects movement, causing tremors, stiffness, and balance issues. generalized (affecting the whole brain) or focal (affecting a specific area). Postictal State: Confusion or fatigue following a seizure. Other Neurological Disorders Migraine: Pulsating headache, often unilateral, accompanied by nausea and photophobia. MS: Symptoms may include fatigue, difficulty walking, numbness, and vision problems. Parkinson' Disease: Symptoms include resting tremors, bradykinesia (slowness of movement), and rigidity. Patient Characteristics Demographics Age: Family history may be more relevant in younger patients presenting with neurological symptoms, as many conditions manifest early in life. Gender: Some neurological disorders have gender predispositions; for example, MS is more common in women. Family History, particularly among first-degree Relatives: A significant family history, particularly among first-degree relatives (parents, siblings), can increase the likelihood of similar neurological conditions. Genetic Factors: Certain genetic markers may be associated with a higher risk of developing epilepsy and other neurological disorders. Risk Assessment: Patients with a family history of neurological disorders may require more thorough evaluations and monitoring for early signs of these conditions. Genetic Counseling: In cases of strong familial patterns, genetic counseling may be recommended to assess risks for offspring and other family members. Conclusion The ICD-10 code Z82.0 serves as an important indicator of a patient's familial predisposition to epilepsy and other neurological disorders. Understanding the clinical presentation, signs, symptoms, and patient characteristics associated with this code is crucial for healthcare providers in making informed decisions regarding diagnosis and management. By considering family history, clinicians can better assess risk factors and tailor their approach to patient care, potentially improving outcomes for those at risk of developing neurological conditions. 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code POA Exempt Z86.69 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes. Short description: Personal history of dis of the nervous sys and sense organs The 2025 edition of ICD-10-CM version of Z86.69 may differ. The following code(s) above Z86.69 contain annotations, orCode Also annotations, orCode First annotations, orExcludes1 annotations, orCode First annotations, orCode First annotations, orExcludes1 annotations, orCode First annotations, orUse Additional annotations that may be applicable to Z86.69: Z00-Z99 2025 ICD-10-CM Range Z00-Z99 Factors influencing health status and contact with health servicesNoteZ codes represent reasons for encounters. A corresponding procedure code must accompany a Z code if a procedure is performed. Categories Z00-Z99 are provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00-Y89 are recorded as 'diagnoses' or 'problems'. This can arise in two main ways:(a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donat an organ or tissue, to receive prophylactic vaccination), or to discuss a problem which is in itself not a disease or injury. (b) When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury. Factors influences the person's health status and contact with health services 277-299. 2025 ICD-10-CM Range Z77-Z99Persons with potential health hazards related to family and personal history and certain conditions influencing health statusZ86 ICD-10-CM Diagnosis Code Z862016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code Code Firstany follow-up examination after treatment (Z09) Personal history of certain other diseasesZ86.6 ICD-10-CM Diagnosis Code Z86.62016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code Applicable ToConditions classifiable to G00-G99, H00-H95 Personal history of diseases of the nervous system and sense organs Approximate Synonyms H/o: eve disorder H/o History of amblyopia History of central serous retinopathy History of choroiditis (eye condition) History of corneal erosion History of corneal ulcer History of endophthalmitis History of endophthalmitis History of episcleritis History of endophthalmitis (internal eye inflammation) History of eye disorder History of endophthalmitis (internal eye inflammation) History of executive (internal eye inflammation) His hyphema History of idiopathic intracranial hypertension History of oritis (inflammation of colored part of the eye) History of otitis media (middle ear infection) History of perforated tympanic membrane History of otitis media (middle ear infection) History of otitis media (middle ear infection) History of perforated tympanic membrane History of otitis media (middle ear infection) History of perforated tympanic membrane History of otitis (middle ear infection) History of otitis (midd perforation of tympanic membrane (eardrum) History of retinal detachment History of retinal detachment History of seizure Histo History of vitreous floaters Hitory of occlusion of branch retinal artery Personal condition of sight problem Personal history of corneal erosion Present at the time the order for inpatient admission occurs — conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered POA. Z86.69 is considered POA. Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is considered POA. Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is considered POA. Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.69 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factor ICD-10-CM) 2017 (effective 10/1/2018): No change 2023 (effective 10/1/2017): No change 2023 (effective 10/1/2023): No change 2023 (effective 10/1/ No change Diagnosis Index entries containing back-references to Z86.69: History personal (of) - see also History, family (of) disease or disorder (of) Z87.898 Personal history of other specified conditions 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code POA Exempt ear Z86.69 eve Z86.69 nervous system Z86.69 sense organs Z86.69 ICD-10-CM Codes Adjacent To Z86.69 Z86.2 Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism Z86.3 Personal history of endocrine, nutritional and metabolic diseases Z86.31 Personal history of diabetic foot ulcer Z86.32 Personal history of gestational diabetes Z86.59 Personal history of other endocrine, nutritional and behavioral disorders Z86.59 Personal history of other mental and behavioral disorders Z86.59 Personal history of diseases of the nervous system and sense organs Z86.61 Personal history of infections of the central nervous system Z86.69 Personal history of other diseases of the circulatory system Z86.71 Personal history of venous thrombosis and embolism Z86.711 Personal history of pulmonary embolism Z86.718 Personal history of other venous thrombophlebitis Z86.73 Personal history of thrombophlebitis Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of sudden cardiac arrest Z86.79 Personal history of the circulatory system Z87 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of sudden cardiac arrest Z86.79 Personal history of the circulatory system Z87 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of sudden cardiac arrest Z86.79 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits Z86.74 Personal history of transient ischemic attack history of other diseases and conditions Z87.0 Personal history of diseases of the respiratory system Reimbursement claims with a date of service on or after October 1, 2015 require the use of ICD-10-CM codes. 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code POA Exempt Z86.39 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes. Short description: Personal history of endo, nutritional and metabolic disease The 2025 edition of ICD-10-CM z86.39 - other international versions of ICD-10 z86.39 may differ. The following code(s) above Z86.39 contain annotation back-references annotations, orCode First annotations, orExcludes1 annotations, orExcludes2 annotations, orCode Also annotations, orUse Additional annotations that may be applicable to Z86.39: Z00-Z99 2025 ICD-10-CM Range Z00-Z99 Factors influencing health status and contact with health servicesNoteZ code is performed. Categories Z00-Z99 are provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00-Y89 are recorded as 'diagnoses' or 'problems'. This can arise in two main ways:(a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination), or to discuss a problem which is in itself not a disease or injury. (b) When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury. Factors influencing health status and contact with health services 277-299 2025 ICD-10-CM Range Z77-Z99Persons with potential health hazards related to family and personal history and certain conditions influencing health statusZ86 ICD-10-CM Diagnosis Code Z862016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code Code Firstany follow-up examination after treatment (Z09) Personal history of certain other diseasesZ86.3 ICD-10-CM Diagnosis Code Z86.32016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code Applicable ToConditions classifiable to E00-E88 Personal history of adult obesity History of adult severe obesity History of adult obesity History of adult obesity History of congenital adrenal hyperplasia History of cushing disease History of cushing's disease History of cushing's syndrome History of cushing's disease History of diabetes mellitus resolved post gastric bypass History of neoplasm of neoplasm of hyperaldosteronism History of neoplasm of hyperaldosteronism History of neoplasm of hyperaldosteronism History of hyperal pituitary gland History of nocturnal hypoglycemia (night time low blood sugar) History of noticency History of pediatric obesity with bmi 95th percentile or greater History of pituitary adenoma (benign tumor) History of pituitary tumor History of prolactinoma History of prolactinoma History of prolactinoma (benign pituitary tumor) History of resolved diabetes mellitus after gastric bypass (weight loss) surgery History of severe hypoglycemia History of severe hypoglycemia (low blood sugar) History of severe obesity, adult History of tumor of the carotid body Present On AdmissionPOA Help"Present On Admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during an outpatient admission occurs - conditions that develop during a conditions that develop during

surgery, are considered POA. Z86.39 is considered exempt from POA reporting. ICD-10-CM Z86.39 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 951 Other factors influencing health status Convert Z86.39 to ICD-9-CM Code History 2016 (effective 10/1/2015): New code (first year of non-draft ICD-10-CM) 2017 (effective 10/1/2016): No change 2020 (effective 10/1/2017): No change 2021 (effective 10/1/2021): No change 2022 (effective 10/1/2022): No change 2022 (effective 10/1/2022): No change 2023 (effective 10/1/2023): No change 2023 (effective 10/1/20